CHESHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

REPORT

OF THE

Chief School Medical Officer

FOR THE YEAR

1925

BY

MEREDITH YOUNG,

M.D., D.P.H., D.S.Sc.,
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MEDICAL INSPECTION.

STAFF.

School Medical Officer:

Meredith Young, M.D., D.P.H., &c.

Assistant Medical Officers:

A. V. Stocks, M.A., M.B., Ch.B., D.P.H.
W. J. McIvor, B.A., M.B., Ch.B., D.P.H.
Marjorie A. Grant, M.B., Ch.B.
Marjorie H. King, M.B., Ch.B.

Ophthalmic Surgeons:

G. Aubrey Jelly, M.R.C.S., L.R.C.P., D.P.H
Cyril Jacobs, M.B., B.S.

School Dentists:

S. Whitworth, L.D.S.
T. McClelland, L.D.S.
H. R. Parry, L.D.S.
E. S. Butt, L.D.S. (3 months of 1925).

Health Visitors: 33.

Dental Nurses: 4.

Superintendent Clerk:

Vincent O'Connor

CHESHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

INTRODUCTION.

To the Chairman and Members of the
Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

There is but little comment to make on the contents of this Report.

Over 28,000 school children have been inspected either as routine or special cases and in addition to this number 9,953 children have had a dental inspection. Excluding uncleanliness and dental diseases about one-quarter of the children inspected were found to need treatment. The amount of treatment obtained either under schemes operated by your Committee or otherwise has been quite satisfactory as the following selected figures shew :—

Spectacles prescribed for children in 1,237 cases.
Spectacles obtained for children in 1,090 cases.
Dental treatment given in 5,600 cases.
Nose and throat defects treated in 831 cases.
Minor ailments treated in 2,759 cases.

The dental scheme has been extended during the year. The necessity for this is shewn by the fact that out of 9,953 children inspected under this scheme during 1925 no fewer than 7,894 were found to require treatment.

The need for a scheme for the care of crippled children is an immediate one.

A number of After-care Clinics are in operation and are doing excellent work. Our thanks are due in full measure to those Voluntary Associations which are giving so freely of their time and money to operate these Clinics. A scheme for the institutional treatment of these cases will shortly be presented to your Committee.

As an Appendix to this report I have included a special article by Dr. W. J. McIvor on Rheumatic Infection in Children, to which I commend your attention. The earlier detention and treatment of this group of diseases would undoubtedly obviate much serious crippling of health and wage-earning power in later life.

I cannot conclude this Introduction without once more expressing my gratitude to everyone who has assisted in carrying on this important work—not only my own staff, but also Teachers and Voluntary Workers. I am also most grateful to your Committee for the kindly consideration you have always given to any suggestions put forward by me.

I am,
Mr. Chairman, Ladies and Gentlemen,
Your obedient Servant,
MEREDITH YOUNG.

Chester,
April, 1926.

CHESHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

CHIEF SCHOOL MEDICAL OFFICER,

for 1925.

Extent of Inspection.

The following figures shew the gross numbers of children inspected :—

		Number examined.
Routine Inspections	Entrants ...	6,383
	Intermediates ...	5,164
	Leavers ...	6,601
	Others ...	194
	Total ...	18,342
Special Inspections ...		7,438
Re-Inspections ...		2,769
		10,207
	Grand Total ...	28,549

Co-ordination.

Since April, 1925, all the public health administration (including the tuberculosis scheme which up to that date was virtually a "watertight compartment") has been completely co-ordinated under one head. No one can, I think, doubt that this is the best arrangement. It has worked smoothly and satisfactorily for twelve months and I see no reason why it should not continue to do so.

Co-operation of Teachers and Parents.

All my staff speak highly of the assistance rendered by Teachers and with that expression of opinion I cordially agree. A very limited number of parents do not co-operate in the carrying out of advice but judicious pressure always results in compliance. The remarks of Dr. A. V. Stocks and Dr. Marjorie Grant are illustrative of the views of all concerned.

The figures given by Dr. Stocks as to interviews with parents are distinctly encouraging and shew that medical inspection is becoming more and more effective as it becomes better known.

Dr. Stocks writes :—

"The Head Teachers have throughout the year given all possible assistance and have in most cases been at considerable pains to bring suitable cases forward in the 'special' group for defects noticed in class. The assistance given in preparing the record cards and weighing and measuring the children has been well and thoroughly done on the whole."

"The following figures show how the appreciation of parents has been growing year by year. They represent the number of interviews with parents at the Schools in my area :—

1921	...	1100	or	25%	of children	examined.
1922	...	1550	or	30%	,,	,,
1923	...	1608	or	30%	,,	,,
1924	...	2087	or	33%	,,	,,
1925	...	2139	or	40%	,,	,,

Hygienic Condition of Schools.

Quite a number of repairs, major and minor, have been effected at schools during the year. In the planning of new schools may I once more plead for construction so far as is reasonably practicable of the open-air system and so to some extent avoid the necessity for expensive special schools of this type. The following are some of the comments made by my staff.

Dr. A. V. Stocks reports as follows :—

"School Hygiene.

Cloakrooms. These are very inadequate in many smaller schools. In one country school the pegs were very badly arranged, being directly above one another and too close together so that clothes overlapped and touched: many pegs were so high as to be out of reach, and nine were broken. In another there were 68 pegs for 142 boys. In another school only 69 pegs out of 160 remained unbroken.

"*Lavatory Wash Bowls* are insufficient in number in some schools. In one large Council school there are only two wash basins and one towel for 150 boys to use.

"*Sanitary Conveniences.* In seven schools the latrines or urinals were found to be needing repairs, whitewashing or alterations.

"*Furniture, &c.* In three schools new dual desks have replaced old furniture during the year, to the greatly increased comfort of the children.

"*Decorations.* Six schools had been re-decorated since previous visits. Four others are needing it very badly inside.

"*Cleanliness.* One school was found to be in a dirty condition, it being evident that furniture was not moved to clean or sweep the floors.

"*Heating.* A central heating apparatus has been installed at one school since last year.

"*Structural.* Dry rot was noted in one school and reported upon.

"*Lighting* is fairly satisfactory. In two schools it would be improved by removal of over-shadowing trees or large bushes."

Dr. Marjorie Grant makes the following report:—

"The older dry closet system, which persists in the more isolated country schools, is extremely unsatisfactory, relying upon the precautions of the caretakers for cleanliness and of course necessitating much more work on their part.

"At one of the schools, Baguley C.E., the urinals provided for the boys were often during the summer months the hovering ground for flies and other insects.

"It is well known that many diseases are carried by flies, most certainly typhoid fever, summer diarrhœa of infants and probably sleeping sickness, scarlet fever, measles, etc. Inasmuch as the onset of an epidemic of one of the fevers, seems most usually to focus round a school, causing so much material interference with the school work and after effects on the health of the child, it would appear that the introduction of the water carriage system in all schools would be beneficial.

"Ventilation on the whole is good—but the lighting of one or two schools is poor.

"At St. Margaret's C.E., Altrincham, owing to the proximity of surrounding houses, the school rooms are very much overshadowed and in the cases of many of the indoors an acute angle is formed by a line drawn from the roofs of the houses to the bottom of the windows.

"The correlation of a large percentage of defective vision in the above school and the poor lighting is suggestive."

The Findings of Medical Inspection.

Malnutrition.—The 51 cases of this condition recorded during the year are cases in which it was so marked as to call for special treatment. In elementary school children taken as a whole I should think that 5 per cent. would be about the figure for malnutrition. Dr. Stocks records that in his area (including about one-quarter of the school population) he found about 100 children with varying degrees of the condition. Again he found more cases in urban than in rural populations. Dr. Marjorie Grant makes the following observations:

"We can separate the cases of malnutrition observed in the schools into two groups, malnutrition due to insufficient or defective diet and malnutrition due to defective absorption of the food, and usually associated with anæmia or a predisposition to tuberculosis.

"We point out the food value of cod liver oil and malt in all these cases, but the financial difficulties of the parents sometimes prevents its administration. One cannot expect a mother for instance receiving 25/- a week to feed five children and provide cod liver oil and malt.

"It would be of benefit to many children if cod liver oil, etc., could be provided for these children either at the school or child welfare centre. In example of this we may give the following letter received from one of the Teachers:—

> "There is a case at my school—certified by you as suffering from general debility and defective nutrition and for whom you recommended cod liver oil and malt. As the mother is totally unable to provide this owing to financial distress I should be grateful to know if there are any means in the County for provision of this."

Uncleanliness.—The total number of these cases is slightly less than it was in 1924. At the same time it is not pleasant to record the fact that 612 children presented for a medical inspection of which their parents had had notice were found in an uncleanly state.

Dr. Stocks reports :—

"The figures show a great improvement on previous years. Last year (1924) 203 cases of unclean heads were noted, or 3.9 per cent. of children examined; in 1925 the number fell to 136, or 2.7 per cent. Cases of uncleanliness of the body reached the same percentage approximately, viz., 2.6 per cent.

"The percentages were highest in Runcorn (5 per cent. and 3.7 per cent.), and lowest, as regards heads, in Altrincham and Lymm (1.1 per cent.)"

Skin Diseases.

Under this heading I have records of the following cases :—

Ringworm (Scalp)	124
Ringworm (Body)	95
Scabies (Itch)	62
Impetigo (Scald)	1128
Other diseases	120

A considerable number of these conditions are dealt with at the School Clinics and a great saving of school time is thus secured.

Dr. Stocks offers the following observations :—

"*Ringworm* appeared much less prevalent than in 1924, only half the number of cases being seen at the routine inspections. I attribute this to the work of the School Clinics.

"*Impetigo* occurred in some 80 cases at the routine inspections. It was most prevalent in Runcorn (2 per cent.), and least in Altrincham and Knutsford (1 per cent. of children examined).

"*Scabies* was only met with in a few cases during 1925, and speedily yielded to treatment.

"*Lupus* was diagnosed in six cases and referred to the Tuberculosis Officer."

Eye Diseases and Defects of Vision.

The number of cases of defective vision (excluding squint) is once again a high one, viz., 2,417. Squint was found in 412 cases and blepharitis or inflammation of the lids in 418 cases. The arrangements for testing of vision and the prescription and supply of spectacles have continued as in previous years. Under this scheme 1,389 children were specially tested under your scheme, spectacles were prescribed in 1,018 cases and these were obtained in 868 cases. A considerable number of children were tested by their own doctors and in every case so tested the necessary glasses were obtained.

On this subject Dr. Stocks reports :—

"*Blepharitis* was noted in 93 cases, or 1.9 per cent. of children examined, a slightly higher figure than for two years past.

"*Conjunctivitis* was found in 22 cases, as against 28 last year.

"*Strabismus* was present in 113 children, or 2.2 per cent., the same as in 1921.

"All the above were more prevalent in Runcorn than elsewhere."

Dr. Marjorie King reports :—

Ear Diseases and Defective Hearing.

These do not loom so large as in previous years. Only 97 cases of defective hearing are recorded and 126 of ear discharge (middle ear disease).

Nose and Throat Diseases.

Under this heading the following defects have to be recorded :—

Enlarged Tonsils	422	cases.
Adenoids	213	,,
The two above-named conditions combined	446	,,
Other affections of nose or throat	186	,,
Total	1267	,,

Dr. Marjorie Grant offers the following observations :—

"I am driven to the conclusion that the only satisfactory method for the treatment of obstructive tonsils and adenoids is their efficient removal (viz., Enucleation of Tonsils).

"I find the most common symptoms of obstruction are interference in the breathing of the child (snoring at night), nasal speech, frequent colds, and gradual onset of mental apathy, ear involvement, such as deafness and otorrhœa with the acquisition of the adenoid facies.

"One finds many cases in which large tonsils are not associated with enlargement of the adenoids. I think that in these cases it is advisable to wait and re-examine at a future date, rather than advise removal in what may be a temporary condition."

Heart Disease.

At one of the Conferences of the Assistant School Medical Officers a statement was made by one of them that ten per cent. of school children would be found to have organic heart disease. This was challenged by all the others and in order to settle the question I asked them all to keep careful notes of cases they discovered. The matter is such a vitally important one that I append two reports herewith and a longer and fuller one by Dr. McIvor will be found in the Appendix. Dr. A. V. Stocks writes me the following report :—

"Notes taken on 52 cases of heart disease during the year revealed the following points of interest.

"*Sex.*—The cases turned out to be equally distributed between boys and girls, twenty-six of each age. Twenty-two cases were children of eight years of age or less.

"*Abnormalities.*—In one girl, aged six years, the heart was transposed, being on the right side ; this had been previously discovered by the family doctor when the child had pneumonia at the age of three years.

"In another case, one of congenital heart disease, the pulse rate (and also the apex beat measured by a stethoscope) was only 48, and irregular in rhythm.

"*Causation.*—Out of 36 cases of valvular heart disease seen during the year about one-third were diagnosed as congenital. In one of these there was a history on the mother's side of an aunt with valvular heart disease following chorea, and a grandmother suffering from 'fatty heart.'

"Six of the remaining valvular (non-congenital) cases were definitely due to rheumatic fever ; in one case after 13 months in bed, in two other cases the fever had occurred two or three years previously and in another case there had been recent acute rheumatism and the tonsils were much enlarged.

"In four other cases the cause was probably an infection arising in :—

Case 1, from recent pneumonia.
Case 2, from recent pneumonia and pleurisy.
Case 3, from recent tonsilitis and laryngitis.
Case 4, from carious teeth and sepsis in the mouth.

"Nine cases of disordered action of the heart were investigated, of which two at least were traceable to rheumatic infection, in one case two years previously, and two other cases were due to chorea. In another case there was a strong family history of cardiac arrhythemia on the father's side."

Dr. Marjorie Grant submits the following interesting report :—

"The heart cases which come before the School Medical Officer are those in which the child is not too ill for school work, but has some defect in the Cardiac system either apparent as a murmur or irregularity of the beat.

"One never sees for example the more severe type of case such as Pericarditis or signs of heart failure, quite common, however, in the Out-patient department of a large hospital.

"One can thus exclude from one's investigation of the type of heart case found in school children all acute forms of such disease.

"In the examination of 3,028 cases (the figure not including any 're-examinations') I found 45 cases in which the heart was abnormal, *i.e.*, 1.1 per cent. of school children in the Mid-Cheshire area are suffering from some defect of the heart; all of which we can include in the three groups :—

1. Rheumatic.
2. Congenital.
3. Functional.

"Of these 45 cases, 50.1 per cent. had a definite history of rheumatism either manifested as :—

1. Recurrent pains in limbs and joints (including "growing pains").
2. Chorea.
3. Definite rheumatic fever.
4. Post scarlet fever. (I think this is now recognised as having some connection with rheumatic conditions).

"It is with regard to the rheumatic heart that the School Medical Inspector can do the most beneficial work and this is well illustrated by taking an example.

"*Case 1.*—A girl, age 12, with a history of rheumatic fever six months previous to the medical inspection. She was kept six weeks in bed and then allowed to resume school and join in all games, drill, etc., and at the time of the medical examination was cycling seven miles a day. The parents were unaware that the girl had any heart lesion at all. On examination there was a loud to and fro murmur over the Mitral area—Mitral incompetence with Stenosis—and the heart was enlarged half an inch to the left. There were also signs of Cardiac insufficiency. (See below).

"This is the type of case in which immediate cessation from all games, drill, swimming, cycling and even walking too long a distance, is going to have the most beneficial effect. I think it advisable also that a child suffering from valvular disease of the heart due to rheumatism should be informed of the condition, so that he may take care not to overstrain himself.

"*Case 2.*—A boy, age 12, suffering from Mitral Incompetence and Stenosis, and attending St. John's C.E. School, Altrincham, excluded from games, drill, etc., at school—died from a heart attack while playing and running at home.

"The ætiology, treatment and after treatment of rheumatic affections of children is a subject on which there is a great deal of room for research; and quite as necessary as that of cancer and tuberculosis.

II.—Congenital Heart Defects.

"Of the 45 cases observed, 3 per cent. were congenital defects, and this group we can classify as children showing:—

(a) Cyanosis.
(b) Without Cyanosis.

"The exact type of lesion matters very little—that is to say one need not worry as to whether the case is one of Patent Foramen Ovale, Pulmonary Stenosis, etc., except in so far as it is related to the presence or absence of Cyanosis.

"The children showing Cyanosis are treated exactly as the Rheumatic cases—no games, drill, etc., the prognosis of such being poor.

III.—Functional Heart Defects in School Children.

"36.9 per cent. of the cases were found to be functional in origin, and 90 per cent. of these showed one of the following causes:—

(a) Anæmia.
(b) Recovery from some Infectious Fever.
(c) Oral Sepsis.
(d) Unhealthy condition of the throat.

"It is interesting to note here that the Functional Systolic murmur is not always confined to the apex of the heart but is sometimes half an inch or so internal to this and is confined to one "circle area" of the stethoscope, (*i.e.*, is not conducted).

"The most important action after the discovery of the Functional murmur is to find out the cause; oral sepsis was found in two cases, and these were advised as to the removal of the carious teeth.

"Severe anæmia is more or less always associated with a Functional Systolic murmur and here the administration of iron, fresh air, sunshine (when available), early hours, correction in diet may have some effect. The advice of course is all the School Medical Officer may give.

"We do not advise cessation from games or drill in these cases, as healthy out-door exercise seems to have a beneficial effect on the case.

"The following is the form of test used for Cardiac Insufficiency which one finds the most convenient. The child places one leg on a chair and then hops twenty times on each leg alternatively. The pulse is taken before this operation and immediately afterwards, and five minutes after this.

"If there is a difference of more than five beats before the "hopping" and five minutes afterwards with acceleration of more than 20 immediately afterwards, we can suspect some Cardiac Insufficiency associated with the murmur."

Dental Disease.

The following children were inspected by the dental staff during 1925:—

Aged 5 years	1,971
Aged 6 years	2,215
Aged 7 years	2,220
Aged 8 years	2,160
Aged 9 years	954
Special cases	433
Total	9,953

Of this number 7,894 were found to require treatment. The number actually treated during the year was 4,021 and in addition 1,481 were re-treated as the result of the periodical examinations.

The scheme continues to work satisfactorily but, as your Committee recognises, it needs considerable extension as only about one-half of the County is being dealt with.

Lung Diseases.

Excluding tuberculosis we have 175 cases reported under this heading. Of these 159 were bronchitis.

Tuberculosis.

Definite signs of pulmonary tuberculosis were discovered in only 2 children, but 31 shewed suspicious signs and were referred to the Dispensaries for further observation and treatment. Other forms of tuberculosis discovered were as under :

Glands	22
Spine	3
Hip	2
Other Bones and Joints	4
Skin	4
Other forms	15

Deformities.

There were 9 cases of rickets discovered, 37 of spinal curvature and 24 other cases chiefly infantile paralysis, club foot, &c.

Mental Deficiency.

The following report by Dr. A. V. Stocks is of interest :—

"Sixty children were put forward by the Head Teachers for testing by the modified Binet-Simon tests and half of this number were found to be mentally defective, including several imbeciles.

"Particular attention has been paid to children in the special classes for backward and defective children that have been established in several town schools.

"More rapid progress is made by children in these special classes owing to the smaller number of children handled by the teacher and the consequent increase of individual attention bestowed.

"The progress made in twelve months by some of the delicate and backward children under sympathetic and patient instruction in such classes is remarkable.

"A particularly difficult problem closely allied to mental deficiency is that of the sequelae of encephalitis lethargica or so-called sleepy sickness. Several of these unfortunate children have been under observation during the year and they present both to the educationalist and to the medical man difficulties that in our present limited knowledge of the disease are very great indeed. The most marked effects in these children were loss of power of concentration and of memory, irritability, change of temperament for the worse and intractable insomnia!"

Dr. Marjorie Grant makes the following observations :—

"It is unfortunate that there is such an antipathy on the part of some of the parents to sending feeble-minded children to Special Institutions.

"One points out the advantages of a Special School such as the teaching of manual work, mat-making, sewing, etc., with the result that the child is not such a serious handicap. Realising however, that they cannot be compelled to send the child away, many of the parents prefer to see it running about the streets, more or less without any tuition at all, than sending it to a special school.

"I have had three cases suffering from the effects of Encephalitis Lethargica, two in Tintwistle, and one at Cheadle. The former both showed mental deterioration. The case at Cheadle is interesting as one in which the Basal Ganglia have suffered and we have the typical symptoms of Paralysis Agitans, namely :—

1. Tremor of the hand.
2. Placid expression.
3. Shuffling gait.

"One supposes that the prognosis will be the gradual onset of paralysis, with mental deterioration."

Sleep of School Children.

Dr. Marjorie Grant reports under this heading :—

"The estimation of the hours of sleep necessary for children attending school is often asked by Head Masters, etc. At the Secondary schools one is usually asked for a Time Table. The following is one I have worked out, presuming the daily rising is 7 a.m. :—

AGE.	BED TIME.
5—6	6
7	6 30
8	6 45
9	7
10	7 30
11	7 45
12	8
13	8 30
14	9

"Insufficient sleep is manifested by irritability and listlessness during school hours, marks of fatigue on the face, nervousness and insomnia.

"A few mothers point out some difficulty in getting their children to bed, a confession of their own weakness of control."

Re-examinations.

Dr. A. V. Stocks reports as under on this subject :—

"The number of children re-examined during the year with reference to defects found at previous examinations was 961, about the same number as in 1924.

"I have heard it stated that it is useless sending notes to parents calling attention to the need for dental treatment because in so many cases parents will not undertake treatment, and very many of the children are outside the age-groups at present treated by the County School Dentists.

"In order to test the truth of this assertion I have looked up the records of 426 children who at various times have been found to be suffering from dental caries, and whose parents were asked to undertake treatment. The result is given in tabular form below. From this it will be seen that in 47 per cent. of cases some treatment was carried out, in 16 per cent. of cases there was improvement.

"Chiefly due to teeth having fallen out in 37 per cent. the condition was unchanged and untreated.

"As might be expected the percentage of untreated cases is highest in the rural areas. Exact details of treatment were not available in many cases, but from those where it could be ascertained it was found that nearly 700 teeth had been extracted or filled in the 200 children who had had treatment."

Area.	Cases of Dental caries followed up	Cases treated.	Cases otherwise improved.	Untreated and unchanged.	Number of teeth extracted or filled.
Altrincham ...	65	30	10	25	113
Northwich ...	89	47	15	27	162
Runcorn ...	54	31	8	15	115
Rural ...	118	44	16	58	132
Lymn and Knutsford...	100	47	21	32	145
	426	199	70	157	658

Outbreak of Jaundice in Area of Sandbach.

Dr. W. J. McIvor reports as follows on this :—

"Up to date nine cases have occurred in Elworth School. Of these, one only attended the senior department, the remainder being infants. The general attendance has been very fair.

"The first child was attacked on October 9th, 1925, then two or three appeared in each of the three following months. At least one other case arose in Sandbach itself. There appears to be no connection between location of their various residences to account for the origin of the malady. All the sufferers hail from comparatively distinct portions of the area. No second case has occurred in any one family.

"The Medical Officer of Health, Dr. Riddell, who attended personally many of the affected children, informs me that the jaundice appears to be of the influenzal type. There has been no evidence of the occurrence of the hæmorrhages associated with infective jaundice (Weil's disease, or spirachoetosis icterohæmorrhagia), of which I have had some personal experience with the Forces. It is only right to inform the public in general that the carrier of this disease has been proved to be the rat, who transmits the virus by contaminating food, water supply, or vessels.

"As far as I could ascertain no bacteriological search has been made during the present outbreak for the specific spirachoete. As regards the severity of these attacks in Sandbach, a few of the children attacked were very seriously ill, and their convalescence was slow, causing an absence from school for at least six weeks, and even then recovery was not quite complete. Contacts remained at home for two weeks. No deaths occurred.

"Any development will be reported, thanks to the kindness of Dr. Riddell and the Head Teachers of the Schools, who afforded me every facility in the investigation."

Medical and other Treatment.

Summarised the treatment secured for school children, under your Authority's scheme or otherwise, is as follows:—

	Under Authority's Scheme.	Otherwise.	Total.*
Minor Ailments	2180 ...	579 ...	2759
Defective Vision ...	1389 ...	303 ...	1692
Nose and Throat ...	424 ...	407 ...	831
Dental Defects—			
Treated	4021		4021
Re-treated	1481		1481
Uncleanliness, &c.—			
No. of children examined ...	136340		
Found unclean	2720		

This shews a steady maintenance of the effective part of school medical inspection.

Minor Ailment Clinics.

These are established at Hoylake. Runcorn, Northwich, Nantwich, Lymm. Sale, and Congleton, and it is hoped to establish others at a later date. The number of children attending grows apace and often the Health Visitor concerned has to spend the whole morning attending to the Clinic. The Assistant School Medical Officers visit at least once each week to supervise the work.

Dr. Stocks writes as under on this subject:—

"I was able to pay 47 visits to these Clinics during the year, and personally examined some 550 children there. The work of the School Nurses is being conscientiously and carefully carried out and is conferring great benefit upon the children in ridding them of numerous troublesome minor complaints.

"One sometimes hears it said that the tendency of such treatment is to lessen the sense of parental responsibility. In my opinion the opposite result is usually achieved, as many parents who have been easy going about some of these complaints upon finding that they are seriously and thoroughly taken in hand by the School Medical staff are led to realise the benefit of early and effective treatment. The educational effect upon the children themselves of knowing how to deal with these ailments is also of value.

"The Head Teachers are showing an increasing interest in and appreciation of the work of the Clinics.

"In addition to the daily Clinics at Runcorn, Northwich and Lymm, a new weekly Clinic has been commenced at Barnton."

Exceptional Children.

The following summary shews what is being done for these children :—

Attending Certified Schools for the Blind	19
Attending Certified Schools for the Deaf	37
Attending Certified Schools for the Mentally Defective	14
Attending Certified Schools for Epileptics ...	4
Tubercular children in Sanatoria :	
Infectious Pulmonary and Glandular cases ...	13
Non-infectious .. ,, ,, ...	12
Delicate children in Open-air Schools	15
Active Non-pulmonary cases in Sanatoria or Hospitals Schools	82
Crippled children other than tuberculous at certified Hospital or Cripple Schools, &c.	26

Physical Training.

The following are the reports of the Inspectors of Physical Training.

Extracts from the Report by Mr. J. B. Hall.

"The great value of the inspection of all schools, with the subsequent demonstrations, reports and recommendations, has been amply illustrated. Recent visits have shown that added interest has been taken in the subject by both teachers and scholars. A most noticeable feature of the work has been the great decrease in the number of teachers who have found it necessary to consult notes during the presentation of a lesson. This has resulted, not only in the fuller preparation of the work, but also in more efficient work full of life and vigour.

"Owing to the very adverse weather conditions, many schools, especially the smaller ones in which indoor accommodation is very limited and often unsuitable, have not been able to give the full amount of attention to the subject, with the result that the children in these schools have not been able to produce a very satisfactory standard of work, especially in activity exercises. Demonstrations of classroom lessons have been given in some of these schools, and there is no doubt that a fair number of teachers do make the best use of indoor accommodation when outside conditions make work impossible.

"The general standard of performance of formal exercises has shown considerable improvement, and there has been a marked advance in class control. Activity, generally, is now receiving more attention, but a greater variation and a more definite progression in games is desirable. Teachers still require assistance with games, and especially with the proper organisation of the games period. Some schools, making good use of the organised games period, have introduced smaller competitive team games and athletic contests, organisation being greatly facilitated by a good team system in the classes, but there are too many schools in which cricket and football are the only games played during the games period. The number of schools which have playing field facilities is steadily increasing.

"The provision of suitable footwear by the boys themselves has been encouraged with considerable success by a number of teachers, but it is thought that still more might be done in this direction. Whilst the majority of boys remove their coats during lessons, it is surprising to find a fair proportion who are reluctant to adopt this course. All boys should be encouraged to remove their coats and stiff collars.

"More boys are now being taught Folk Dancing, especially in mixed departments, and it is pleasing to note the interest they are taking in this branch of the work, which, not long ago, was thought to be purely a subject for girls.

"Good results have accrued from the special attention given during the past season to Swimming instruction. The recording of individual progress and the granting of certificates for proficiency have given much additional interest to the work. The number of boys who gained the 25 yards certificate was 671, while 140 boys passed the test for the more advanced certificate, the tests for which included (a) Swimming 50 yards Breast Stroke, 25 yards Back Stroke and 25 yards any other Stroke, (b) Diving from the surface and recovering an object from a depth of 4 feet, and (c) Royal Life Saving Society '1st Method' of rescue of a drowning person. These results are very satisfactory and encouraging. Modern class methods of Swimming instruction are not yet well understood by many teachers, and it is hoped that classes for teachers may be arranged and demonstrations given in the Swimming Baths of various districts.

"The various Schools Athletics' Associations have continued their excellent service on behalf of the children, specially in the organisation of cricket and football and the annual schools sports day. In one district a very successful swimming gala was organised; there were many entries for the various events and there was a large attendance of parents.

"The number of schools which are arranging an annual sports day is steadily increasing."

(April, 1926).

Report by Miss M. Altham.

"There are very satisfactory evidences in nearly all the schools visited this year of a more complete understanding by the teachers of the spirit in which the Syllabus of Physical Exercises should be interpreted.

"Naturally, teachers are now more familiar with the 1919 Syllabus, and feel more confidence in teaching it, and therefore they can enjoy the Physical Training lesson better, and enter into them more thoroughly with the result that the children work better and with greater zest. The children also are now accustomed to the mixture of formal and free movement which is characteristic of the present day Physical Training lesson, and they no longer imagine that freedom of movement means cessation of control and discipline on the part of the teacher and of themselves, as was the tendency at first, when neither teacher nor class quite understood the meaning of free movement. A few teachers are still conscious of this tendency, and are inclined to restrict the movements of the children, but this restriction deprives the children of valuable opportunities of self-control, and generally means a weakness in class-control on the part of the teacher.

"The Syllabus for Rural schools is now in operation and teachers in these schools find many of their special difficulties lessened by its adoption. A better understanding of the team system has been of benefit to these, and indeed to all schools, but perhaps more especially to the rural schools, in which children of such varying ages have to be grouped together, because, in a class organised on the team system responsibility and scope for leadership can be given to the older children in the class.

"The teaching of the infant classes continues to be very satisfactory on the whole. These classes are more handicapped than are the older children by climatic conditions during the winter, except in the case of schools with central halls, because free movement plays such a large part in the infant scheme of work, that space is very necessary. The older children are handicapped too, but they can be given practice in the classrooms in many formal movements.

"It is very pleasing to note how in some cases the lack of space is overcome by the original ideas and by the spirit of exhilaration displayed by the teacher.

"The subject of organised games is still in its infancy, and much remains to be done before the full value of the training in this subject can be felt in the schools, but the enthusiasm which is being manifested and the willingness to learn which is being shown by those who feel that this is an untried subject for them is in itself a token of success.

"Netball has been taken up by several schools. Some of the bigger schools have by their own efforts purchased apparatus and smaller schools which cannot be expected to buy expensive material have contrived to make or obtain apparatus which serves the purpose admirably.

"Rounders is played by the girls in practically all schools in which a period is allowed for organised games and a league which was formed in one area is entering on its second season with keen anticipation.

"Hockey is played by some schools and inter-school matches are arranged.

"A carefully planned and progressive games scheme is still lacking in nearly all schools and as such a scheme is essential to the best organisation of the games period it is hoped that this lack will soon be rectified.

"Folk Dancing is becoming much more general in the schools in the County, and a number of teachers, some of whom had to overcome obstacles in the way of lack of railway transport, &c., have attended classes in this subject under the Liverpool Branch of the English Folk Dance Society. The knowledge gained at these classes and passed on to the children has resulted in the standard of the dancing being raised and an added impetus was afforded by a Folk Dance Festival held in Liverpool by the Folk Dancing Society. Several schools in the County sent in teams for the Folk Dancing and for the Singing Games, and a number were successful in obtaining a First or a Second Class certificate. Gramophones have been purchased or have been lent by the teachers in quite a number of schools for use during the Folk Dancing lessons.

"Swimming has made a great advance during the past year in organisation, in the number of schools who now send children to the baths and in the fact that two tests were arranged, children who passed these tests being awarded a First or Second Grade certificate according to which test they passed. One hundred girls passed the advanced test and 218 qualified for the elementary certificate. Records of the individual progress of each pupil have been kept during the season.

"During the past year, the notable feature has been the increase in the number of schools which have enlarged the sphere of the work done in Physical Education by the addition to the time-table of periods devoted to instruction in organised games, folk dancing and swimming. The practice of these branches of Physical Education results naturally in increased efficiency in the formal physical training lessons and in increased enjoyment on the part of the children, but their great value lies in the opportunity offered to the teachers of these subjects of giving the children moral and social training in a most palatable and practical form through the medium of healthy physical activity."

Some Aspects of Rheumatic Infection in Children.

By W. J. McIvor, B.A., M.B., Ch.B., D.P.H.

In the young uninjured tissues of the child the phenomena, strikingly different from those of the same illness in the adult may often throw considerable light on the problems of later life.

A notable example is afforded by acute rheumatic fever; it is no exaggeration to say that no one can understand or attempt to unravel its problems without constant reference to and study of the disease in young children. (Ed., "British Medical Journal," January 30th, 1926).

Recently we have all had the opportunity of comparing the varying results of different observers in the investigation of various features of rheumatism in children. Some have hinted at the possibility of the existence of many borderland cases. My own experience leads me to suggest the high probability of this surmise. If the lesser degrees of the affection, discoverable by newer methods, are included, its incidence in my area would appear heavy.

Drs. Thomas and Coates, of Bath, too state that they find subcutaneous rheumatic nodules so common in children as to challenge belief. As regards the smaller number of such children ascertained elsewhere at times, the diagnosis being admittedly often difficult, and sometimes extremely so, and the term "rheumatism" in the present state of our knowledge an elastic one, much allowance must be made for the personal equation in the examiner. While this cannot be eliminated, some insight into the nature of the disease might be expected to accrue from the study of a long array of sufferers and others under similar conditions, the latter necessarily for the sake of the negative evidence they would afford as controls. In accordance with this hope and owing to the pretty constant appearance of certain phenomena in the type of child under survey, for some time I have been working along several, to me original lines of enquiry, in addition to the usual clinical and other procedure. With more data at command, and these premises proved reliable, the conclusion logically should present less error. While as yet it would be premature to come to a decision about the total incidence of rheumatism in children, one suspects at times higher figures for this and certain other defects than that usually accepted.

To cite one instance, as it seems to me to provide a parallel to the problem of the extent of rheumatism found occasionally, I once noted that 36 per cent. of the boys, mostly new-comers, inspected at a Secondary school showed a slight deformity of the spine, while another 12 per cent. did so markedly. Though realizing the general trend of the character of their physique, it seemed a reasonable judgment to only take the latter estimate into serious account. Confirmation was forthcoming, however, for the maximum from the physical instructor, for when I asked him how many of these boys he thought had round shoulders, his laconic if too dogmatic reply was "All of them"! While not asserting that the above state of affairs prevails generally speaking to anything like that amount I am of opinion that there is an analogy between the incidence and varying degrees of severity of such rachitic (ricketty) stigmata and that of rheumatic infection besides points of resemblance in some of their essential features.

We seem to have the element of heredity involving their origin; an adjacent family history is frequently encountered in both, their severity appearing at times to vary directly with its proximity.

Of predisposing factors, while there is definite knowledge of these in the case of rickets, it might be considered remarkable that some of them are often ascribed as operating in the causation of rheumatism. I refer to such conditions, as the lack of sunshine and fresh air, or of a suitable diet, clothing, etc., or the presence of dampness, whether of house, soil, or climate.

The early onset of both two at times is known to occur, *e.g.* during fœtal life and infancy, and essentially at first at any rate they are diseases of childhood.

The effects of rickets on many systems of the body may be far reaching and manifest itself in adult life. ("Lancet," Feb. 27th, 1926). This too while the radiologist can produce evidence that arrest of the typical rachitic picture has taken place in the bones. Recent investigations conducted both clinically and by X-Rays of the incidence of rickets show such a high percentage of children affected in their first year of life as to lead to the supposition of physiological rickets. In many cases, however, I have reason to doubt its harmless powers in the future, owing to its *association* in my experience with rheumatism in the same child, apart from any *resemblance* of the two complaints to each other as outlined above.

The grosser results of rickets are not common in this area, but the others are frequently seen. Just as reported in the past, I continue to record the very positive correlation between the incidence of rickets and rheumatism in the same individual. More than this, one finds the two diseases have attacked the same region of the body perchance. I refer in particular to the combined effects of rickets and rheumatism on the spine. Besides the osseous and articular changes due to the former there may be present more or less involvement of the musculature of the whole vertebral column by the latter. This I will attempt to describe at a later stage.

It must be more than a coincidence too that subcutaneous nodules are commonly found by experienced physicians along the spinous processes of the vertebrae of rheumatic children, though admittedly there are other sites for them.

Here it may be mentioned that one of the categories used in the classification of rheumatism in the Ministry of Health enquiry among adults was that of the non-articular variety, (muscular rheumatism, etc).

The enquiry revealed that one-third of the male and one-quarter of the female sick absence from work was due to this form.

I would emphasize the frequency, reliability and significance when marked of this sign in children. Its combination with a rickety spine leads to certain characteristic attitudes and habits.

The child affected will show besides the abnormal curvature of the vertebral column, an increase in the tone of the muscles involved in the maintenance of balance of the head and trunk, and at times they exert strong tension. The back may be of board-like stiffness. The rigidity can be elicited by gently tilting the head backwards with one hand while supporting the back with the other. A repetition of the movement in those more mildly affected may merely evoke a spasmodic reflex contraction of the muscles, a sudden stiffening of the back. In both cases it is quite involuntary. In the former too, it cannot be confused with such a pose, as that of standing to attention.

When the condition is marked the balance of the child can be readily upset. Thus one teacher asked me to explain why, when she moved or turned a certain child by the hand, or pushed it slightly, it would nearly fall. This child, who was about six years old, I had already examined and recorded as having a rickety and markedly rigid spine.

It may be recalled that the effect of rickets on the muscular system is usually termed loss of tone.

What I have been attempting to illustrate bears a resemblance in a minor degree to the description by Professor Hall of one of the general features of epidemic encephalitis, ("B. M. J.," January, 1926). It involves an increase of the muscular tone of the muscles of head, upper trunk and arms. This leads to postural changes. The bowed head which at first sight suggests muscular weakness allowing it to fall forwards is in reality an active pull.

The presence of chorea, more or less latent, may intensify the instability of the equilibrium of posture in these children, so that at times, especially when being interviewed, one notes them instinctively holding on to, or resting a hand on, any convenient article of furniture. These are the type of children who persistently support the head with a hand too, as if the former were too heavy for the body commonly when sitting at a badly designed desk without a back-rest.

Another result of rheumatic infection on the general physique is the malnutrition not infrequently seen. When such is the case and the heart involved, compensation cannot be regarded as satisfactory, especially if the retardation in height and weight amounts to two years.

The same applies to pneumococcal invasion of the heart, which, as far as my judgment goes, is on the whole not so frequently encountered. It is not unusual to be informed that the former children have always been delicate.

One wonders how early in life the rheumatism set in.

Lesser degrees of sub-normal height or weight occur more often, which must be attributed at times to the infection.

Another type of sufferer is the tall stooping pale and slender boy or girl.

A table of average heights and weights such as that compiled by Professor Stevenson, of Aberdeen, is useful for reference, but is not in itself necessarily reliable as a test for malnutrition unless there is a wide divergence from the normal.

The effects on the mentality of children from rheumatism are broadly speaking of two kinds, and strangely enough diametrically opposed in their nature.

In the one case, just as there is physical, we now have mental retardation. When the intoxication from the affection is profound, mental deficiency even has been mooted (Poynton).

To ascertain the cause, conscientious teachers have brought forward for my special notice at times the children who "Did not make progress as they should."

It is not uncommon to find many of them suffering definitely from rheumatic signs. These listless children are often to be found in the infant departments of the school. They should not be "pushed," that is urged on as to their work, with the desire on their teachers' part to obtain uniform results. At a later stage, with recovery in health, their mental powers often increase, sometimes by leaps and bounds, until they come to resemble the other type of rheumatic child.

They are the abnormally bright children of all ages whose activities both of mind and body need curbing (Poynton).

This way again temptation lies to achieve scholastic successes that may tax unjustifiably their ever frail powers of endurance.

APPENDIX I.

STATISTICAL TABLES.

Public Elementary Schools.

Table I.—Return of Medical Inspections.

(A.) Routine Medical Inspection.

Number of Code Groups Inspections—	
Entrants	6383
Intermediates	5164
Leavers	6601
Total ..	18148
Number of other Routine Inspections ...	194

(B.) Other Inspections.

Number of Special Inspections	*7438
Number of Re-inspections	2769
Total ...	10207

*This figure includes examinations by Doctors at Eyesight and Minor Ailment Clinics, examinations as to suitability for open air swimming and for Employment Certificates.

Table II.

(A.) Return of Defects found by Medical Inspection in the year ended 31st December, 1925.

DEFECT OR DISEASE.	Routine Inspections.	Special Inspections.
	No. of Defects requiring Treatment.	No. of Defects requiring Treatment.
MALNUTRITION	40	5
UNCLEANLINESS	490	122
SKIN—		
Ringworm—		
Scalp	36	88
Body	2	93
Scabies	19	43
Impetigo	158	970
Other Diseases (Non-Tuberculous) ...	43	77
EYE—		
Blepharitis	175	243
Conjunctivitis	17	65
Keratitis	1	59
Corneal Opacities	1	8
Defective Vision (excluding Squint) ...	1278	1139
Squint	61	381
Other Conditions	2	90
EAR—		
Defective Hearing	78	19
Otitis Media	101	25
Other Ear Diseases	5	6
NOSE AND THROAT—		
Enlarged Tonsils only	400	22
Adenoids only	187	26
Enlarged Tonsils & Adenoids	413	33
Other Conditions	172	14
ENLARGED CERVICAL GLANDS (Non-Tuberculous).	50	8
DEFECTIVE SPEECH	8	4
TEETH—Dental Diseases	1781	109
HEART AND CIRCULATION—		
Heart Disease—		
Organic	57	6
Functional	45	5
Anæmia	255	22
LUNGS—		
Bronchitis	151	8
Other Non-Tuberculous Diseases ...	16	-
TUBERCULOSIS—		
Pulmonary—		
Definite	2	-
Suspected	28	3
Non-pulmonary—		
Glands	19	3
Spine	3	-
Hip	2	-
Other Bones and Joints	1	3
Skin	4	-
Other Forms	15	-
NERVOUS SYSTEM—		
Epilepsy	4	7
Chorea	10	1
Other Conditions	3	1
DEFORMITIES—		
Rickets	9	-
Spinal Curvature	33	4
Other Forms	21	3
OTHER DEFECTS AND DISEASES	254	26

(B.) Number of individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
Code Groups—			
Entrants	6383	1602	25·0
Intermediates ...	5164	1538	29·7
Leavers	6601	1571	23·7
Total (Code Groups) ...	18148	4711	25·9
Other Routine Inspections	194	41	21·1

TABLE III.—Return of all Exceptional Children in the Area.

			Boys.	Girls.	Total.
BLIND (including partially blind).	(1) Suitable for training in a School or Class for the totally blind ...	Attending Certified Schools or Classes for the Blind ...	7	6	13
		Attending Public Elementary Schools	1	0	1
		At other Institutions ...	1	0	1
		At no School or Institution ...	6	4	10
	(2) Suitable for training in a School or Class for the partially blind	Attending Certified Schools or Classes for the Blind ...	3	2	5
		Attending Public Elementary Schools	13	11	24
		At other Institutions ...	—	—	—
		At no School or Institution ...	2	3	5
DEAF (including deaf and dumb and partially deaf).	(1) Suitable for training in a School or Class for the totally deaf or deaf and dumb. ...	Attending Certified Schools or Classes for the Deaf ...	19	10	29
		Attending Public Elementary Schools	3	2	5
		At other Institutions ..	—	—	—
		At no School or Institution ...	2	2	4
	(2) Suitable for training in a School or Class for the partially deaf	Attending Certified Schools or Classes for the Deaf ...	5	3	8
		Attending Public Elementary Schools	6	8	14
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
MENTALLY DEFECTIVE.	(1) Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children..	7	7	14
		Attending Public Elementary Schools	131	120	251
		At other Institutions ...	—	—	—
		At no School or Institution ...	29	21	50
	(2) Notified to the Local Control Authority during the year ...	Feeble-minded	—	—	—
		Imbeciles	15	14	29
		Idiots	2	2	4
EPILEPTICS.	Suffering from severe epilepsy -	Attending Certified Special Schools for Epileptics ...	2	2	4
		In Institutions other than Certified Special Schools ...	—	—	—
		Attending Public Elementary Schools	2	1	3
		At no School or Institution ...	4	5	9
	Suffering from epilepsy which is not severe ...	Attending Public Elementary Schools	23	17	40
		At no School or Institution ...	2	3	5
PHYSICALLY DEFECTIVE.	Infectious pulmonary & glandular tuberculosis ...	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	7	6	13
		At other Institutions ...	—	—	—
		At no School or Institution ...	8	9	17
	Non-infectious but active pulmonary and glandular tuberculosis ...	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	6	6	12
		At Certified Residential Open-Air Schools	—	—	
		At Certified Day Open-Air Schools	—	—	
		At Public Elementary Schools ..	43	51	94
		At other Institutions .	—	—	
		At no School or Institution ...	19	23	42

TABLE III.—continued.

			Boys.	Girls.	Total.
PHYSICALLY DEFECTIVE.	Delicate children (*e.g.* pre- or latent tuberculosis, malnutrition, debility, anæmia, &c.	At Certified Residential Open-Air Schools	7	8	15
		At Certified Day Open-Air Schools	—	—	—
		At Public Elementary Schools	365	322	687
		At other Institutions	—	—	—
		At no School or Institution	27	19	46
	Active non-pulmonary tuberculosis	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	53	29	82
		At Public Elementary Schools	23	10	33
		At other Institutions	—	—	—
		At no School or Institution	19	17	36
	Crippled Children (other than those with active tuberculosis) *e.g.* children suffering from paralysis, &c., and including those with severe heart disease	At Certified Hospital Schools (Shropshire)	12	14	26
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Public Elementary Schools	106	91	197
		At other Institutions	—	—	—
		At no School or Institution	15	21	36

Table IV.—Return of Defects Treated during the year ended 31st December, 1925.

Treatment Table.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V).

Disease or Defect.	Number of Defects Treated, or under Treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
SKIN—			
Ringworm—Scalp	88	29	117
Ringworm—Body	93	10	103
Scabies	38	16	54
Impetigo	812	156	968
Other Skin Disease ...	69	36	105
MINOR EYE DEFECTS ... (External and other, but excluding cases falling in Group II.)	217	119	336
MINOR EAR DEFECTS ...	119	141	260
MISCELLANEOUS ... ... (*e.g.* Minor injuries, bruises, sores, chilblains, etc.)	744	72	816
Total ...	2180	579	2759

Group II.—Defective Vision and Squint (excluding Minor Eye Defects Treated as Minor Ailments—Group I.).

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to Refraction by Private Practitioner or at Hospital apart from Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint). Operations for Squint should be recorded separately in body of Report	1389	142	161	1692
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	—	—	—	—
Total ...	1389	142	161	1692

Total number of Children for whom Spectacles were prescribed—

(*a*) Under Authority's Scheme ...	1018	1237
(*b*) Otherwise	219	

Total number of Children who obtained or received Spectacles—

(*a*) Under Authority's Scheme ...	868	1090
(*b*) Otherwise	222	

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.				
Received Operative Treatment.				
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from Authority's Scheme.	Total.	Received other forms of Treatment.	Total Number Treated.
424	106	530	301	831

Group IV.—Dental Defects.

(1) Number of Children who were

(*a*) Inspected by the Dentist :—

	Aged			
Routine age Groups.	5	...	1971	
	6	...	2215	
	7	..	2220	
	8	...	2160	
	9	...	954	
			——	9520
Specials ...		...	... ...	433
			Grand Total ...	9953

(*b*) Found to require Treatment 7894

(*c*) Actually Treated 4021

(*d*) Re-treated during the year as the result of periodical Examination 1481

(2) Half days devoted to { Inspection ... 259 } Treatment ...1080 } Total 1339

(3) Attendances made by Children for Treatment ... 6935

(4) Fillings { Permanent Teeth ... 964 } Temporary Teeth ... 3614 } Total 4578

(5) Extractions { Permanent Teeth ... 277 } Temporary Teeth ... 8658 } Total 8935

(6) Administrations of general Anæsthetics for Extractions 1

(7) Other Operations (Silver Dressings) { Permanent Teeth... 143 } Temporary Teeth.. 1345 } Total 1488

Scalings 269

Gum Dressings 382

Group V.—Uncleanliness and Verminous Conditions.

(1) Average number of visits per School made during the year by the School Nurses ... 6

(2) Total number of Examinations made of Children in the Schools by School Nurses 136,340

(3) Number of individual Children found unclean ... 2,720

(4) Number of Children cleansed under arrangements made by the Local Education Authority ... —

(5) Number of Cases in which Legal Proceedings were taken

(*a*) Under the Education Act, 1921 ... —

(*b*) Under School Attendance Bye-laws ... —

APPENDIX II.

STATISTICAL TABLES.

Secondary Schools.

Secondary Schools.

TABLE I.—Shewing Number of Children Examined at Different Ages.

Ages	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Total.
Boys	—	—	11	27	43	57	102	193	84	45	64	69	40	25	760
Girls	—	—	29	18	25	36	96	152	47	24	25	43	35	30	560
Totals	—	—	40	45	68	93	198	345	131	69	89	112	75	55	1320

Secondary Schools.

Table II.—Shewing Nature of Defects referred to for Treatment and cases where Defects were Remedied.

Defect or Disease.	Referred for Treatment.	Received Treatment.
MALNUTRITION	—	—
UNCLEANLINESS—		
Head	5	5
Body	—	—
SKIN—		
RINGWORM—		
Head	—	—
Body	—	—
Scabies	—	—
Impetigo	—	—
Other Diseases	3	3
EYE—		
Defective Vision or Squint	99	72
External Eye Disease	6	4
EAR—		
Defective Hearing	5	3
Ear Disease...	3	3
TEETH—		
Dental Disease	148	113
NOSE AND THROAT—		
Enlarged Tonsils	16	10
Adenoids	8	5
Defective Speech	—	—
Tonsils and Adenoids	6	4
Other Conditions	12	11
HEART AND CIRCULATION—		
Heart Disease—		
Organic	8	8
Functional	4	3
Anæmia	33	30
LUNGS—		
Pulmonary Tuberculosis—		
Definite	—	—
Suspected	—	—
Chronic Bronchitis	1	1
Other Disease	—	—
NERVOUS SYSTEM—		
Epilepsy	—	—
Chorea	—	—
Other Disease	—	—
NON-PULMONARY TUBERCULOSIS—		
Glands	—	—
Bones and Joints	—	—
Spine	—	—
Hip	—	—
Other Forms	—	—
Rickets	—	—
Deformities—Spinal Curvature	24	22
Other Forms	8	7
OTHER DEFECTS OR DISEASES	15	13